

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-J**

MADISON MEDICAL, P.L.L.C.
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304)369-5170

March 9, 2001

Nena Peay
Workers' Compensation
P.O. Box 431
Charleston, WV 25322-0431

Re: Christopher Lester
Claim: 2000046841
SS#: [REDACTED]-3340
DOI: 03/10/2000

Dear Ms. Peay,

I am writing this letter in lieu of WC-219 for the above claimant. As you will recall, the claimant brought in a form not printed with his information and you requested I send a letter instead of using that form.

The patient was last examined by Dr. Snyder on 2/27/01. Chris is being treated for chronic back, neck and shoulder pain, which radiates to his right leg. I am enclosing a copy of the physician's note from this last visit, along with his recent MRI report. Chris was also evaluated at the Pain Management Center in Charleston on March 1, 2001. A report of this exam has not yet been received.

The patient was examined by Dr. Loimil in October 2000 for a consultation. I believe you have a copy of that report. However, I have been unable to schedule a follow-up visit for the patient with Dr. Loimil. His office has informed me that they would see the patient again only if a transfer of care was submitted and approved by Worker's Compensation. I have informed Dr. Snyder of this but am not sure which course the patient wishes to take.

The patient is to continue his oral medications for now and follow-up with Dr. Snyder in one month. We should have received the Pain Clinic evaluation by that time. If you have any further questions, please feel free to contact me. Thank you for your assistance.

Sincerely,

Freda Botts

Freda Botts
Referral Coordinator

*mailed
3-15-01
JB*

500688.015.0301

clrs/12-3-98/*6

** VENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
 - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

February 27, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - REHABILITATION SERVICES CLOSED

Your claim was referred to Vass Vocational Services for vocational rehabilitation services. Your claim is now closed for rehabilitation services because:

You are not physically able to participate in rehabilitation services at this time.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

RECEIVED MAR 5 2001

Workers' Compensation Division - Office of Claims Management
Post Office Box 431, Charleston, West Virginia 25322-0431 • <http://www.state.wv.us/bep>

500688.015.0303

DMV 41-TR
Rev. 1/96

**Division of Motor Vehicles
State of West Virginia
Charleston, WV 25317**

Application for Parking for Person with a Disability

SECTION 1: APPLICANT INFORMATION: Please print in ink or type all of the following information:					
Name Last <u>Lester Sr.</u>			First <u>Christopher</u>		Middle <u>Wayne</u>
Social Security Number <u>[REDACTED] 3340</u>					
Mailing Address <u>P.O. Box 1113</u>					
City <u>Danville</u>		State <u>WV</u>		Zip Code <u>25053</u>	Date of Birth <u>[REDACTED] -71</u>
Sex <u>M</u>		Indicate type of permit desired: <input type="checkbox"/> Plate <input checked="" type="checkbox"/> Placard		If requesting a plate or placard duplicate, please indicate if the original was: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	
Lost or stolen plate number		Lost or stolen placard number			
The line of information below is only required if requesting a license plate.					
Title Number	Make	Year	Weight	Current License Plate <u>[REDACTED]</u>	Vehicle Identification Number
I certify that I am a person with a disability which limits or impairs my ability to walk. I understand that any false statement may result in legal penalties pursuant to West Virginia Motor Vehicle Law §17C-13-8. A parent or legal guardian may sign for the applicant if the applicant is unable to do so. Please note your relationship to the applicant.					
Signature of Applicant or Parent/Legal Guardian <u>Christopher W. Lester Sr.</u>					Date <u>1-28-01</u>
SECTION 2: PHYSICIAN'S CERTIFICATION					
I certify and affirm that the above described applicant is a patient of mine and in my professional opinion his/her ability to walk is limited or impaired based on one of the following reasons as outlined in 23 CFR 1235.2(b) 1-6:					
<input checked="" type="checkbox"/> Permanent (2 year exp.) <input type="checkbox"/> Temporary (1 to 3 months) <input type="checkbox"/> Temporary (4 to 6 months)					
<input type="checkbox"/> Cannot walk 200 feet without stopping to rest <input type="checkbox"/> Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device <input type="checkbox"/> Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60mmHg on room air at rest <input type="checkbox"/> Uses portable oxygen <input type="checkbox"/> Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III of Class IV according to standards set by the American Heart Association <input checked="" type="checkbox"/> Are severely limited in their ability to walk due to an arthritic, neurological or orthopedic condition					
Note: Please fill out this entire section. Failure to do so will result in this form being returned to the sender for completion. All physicians' signatures and medical licenses are subject to review and verification. Physicians may be required to submit further documentation to substantiate the disability.					
Physician's Name (Please print in ink or type) <u>John M Snyder</u>			Medical License Number <u>983</u>		Medical License Expiration Date <u>6/30/19</u>
Business Address <u>765 Acacia Ave</u>			City <u>Martinsburg</u>		State <u>WV</u>
Signature <u>[Signature]</u>			Date <u>2/6/01</u>		Zip Code <u>26170</u>
			Telephone Number <u>369-5710</u>		

FOR DMV USE ONLY					
Issued By:	Issue Date	Expiration Date	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	
Placard/Plate Number			Previous Placard/Plate Number		

500688.015.0304

auth/09-24-98/*8

** VENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
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an equal opportunity/affirmative action employer

January 18, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from MADISON MEDICAL PLLC dated 01/17/2001, is Approved.

authorization to extend referral for pain management evaluation (physicians office could not get scheduled prior to expiration date) of previous authorization

Authorized Dates are 01/17/2001 through 04/17/2001.

Your authorization number is 101017971.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, yWorkers' Compensation Division?.

BY: Nena Peay

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
VASS VOCATIONAL SERVICES

Claims Representative 3/Senior

RECEIVED JAN 19 2001

Workers' Compensation Division - Office of Claims Management
Post Office Box 431, Charleston, West Virginia 25322-0431 • <http://www.state.wv.us/bep>

VV

500688.015.0305

MADISON MEDICAL, P.L.L.C.
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742

FAX COVER SHEET

TO: Tracy/ Dr Saldanha
FROM: Freda/ Dr Snyder
RE: Christopher Lester ^{chm #} ~~1000~~ 2000046841

NUMBER OF PAGES INCLUDING COVER SHEET: _____

DATE: 01-11-01

ADDITIONAL COMMENTS: This is pt we spoke of
this morning - would appreciate appt
as soon as possible,
Thank you

CONFIDENTIALLY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE: (304) 369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US.

THANK YOU.



DAY SURGERY CENTER
Francis M. Saldanha, MD
INITIAL CONSULTATION REFERRAL FORM

Appoint date for initial consult: _____ Time: _____

(Please complete entire form)

* Identifying information: Please include copies of all pertinent medical history information, i.e., lab work, X-ray reports, progress notes, H&Ps, hospital discharge reports, etc.

NAME: Christopher Lester DOB: 7/1/71 S.S.#: 3390

ADDRESS: P.O. Box 1113 Danville WV 25053
 Street City State/Zip Code

PHONE: 369-6682 EMPLOYER: D & M Trucking Corp. PHONE: _____

Insurance information – INSURANCE TYPE: _____

INSURANCE ADDRESS: _____ PHONE: _____

MANAGED CARE: ☐ yes ☐ no AUTHORIZATION OBTAINED #: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

Workers' Compensation Info: ~~For~~ Workers' Compensation Cases: This section MUST be completed for referral to be accepted.

CLAIM#: 200004684 D.O.I.: 3/10/00 CLAIMS MANAGER: Nena Peay

CLAIMS MGR PHONE: 926-5097 CLAIMS MGR FAX: _____

AUTH. #(if applicable) 100333280 WCC DIAGNOSIS CODE: ICD-9 847.0/847.1/

Referring Physician: NAME: J. Mark Snyder PHONE: 369-5170 847.2/959.01

ADDRESS: 705 Madison Ave Madison WV 25130

Reason for referral:

chronic LBP & shoulder pain

PLEASE FAX TO: DAY SURGERY CENTER, FRANCIS M. SALDANHA, MD

4407 MacCorkle Avenue, SE, Charleston, WV 25304

Phone (304) 925-3535 Fax: (304) 925-2924 Att: Tracy

IF REFERRAL FORM IS NOT COMPLETELY FILLED OUT, NO APPOINTMENT WILL BE SCHEDULED. Thank you.

* Please send medical records.

MADISON MEDICAL, P.L.L.C
705 MADISON AVE.
MADISON, WV 25130
(304)369-5170 FAX#(304)369-1742

PATIENT NAME: Chris Lester ACCT# 49564
DX: Chronic LBP possible rotator cuff tear
INSURANCE: Work Comp
AUTHORIZATION# 100333280 11/28/00 - 2/28/01 1/2 letter mailed
REFERRING DOCTOR: JMS

PHONE# 369-6657 CONTACT NAME: _____

REQUEST FOR: Pain Clinic Eval

① MRI ② shoulder ③ F445 Loinil
SCHEDULED WITH: Pain Management ② Metro MRI ③ Dr. Loinil
DATE/TIME: 12/27 925-2922 925-6800 FAX wt 292 345-4674 925-6961
Dr. Lilly march 1, 2001 Dec 30 - Sat
11:15am 10:00am
9:45 am

RECORDS:
____ SENT BY MAIL
____ FAXED
____ GIVEN TO PT TO HAND DELIVER

PT WAS NOTIFIED OF DATE, TIME AND ANY SPECIAL INSTRUCTIONS.

12/28/00 pt notified MRI apt

return 1/28/01 FAX# 345-5749

extt/01-01-96/*6

** VENDOR COPY **

1024458

Bob Wise
Governor
Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/job Training Programs • Labor Market Information
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August 10, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.B. [REDACTED]/2000

3/10

PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2001 through 09/11/2001.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 10/26/2001.

If you have any questions or concerns, you may reach me at 304-926-5194.

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
By: Paul Maynard
Claims Representative 2

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AUG 14 2001

Workers' Compensation Division - Office of Claims Management

500688.015.0309

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Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

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August 13, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - CORRECTED ORDER

The Division's Order dated 08/02/2001, authorization for psychiatric sessions and medications has been corrected because this decision was issued due to clerical error.

The Division has now authorization is same.

the physician should be Dr. Riaz and not Dr. Kominsky

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

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RECEIVED

Workers' Compensation Division - Office of Claims Management

500688.015.0310

appt/01-01-96/*8

** VENLJR COPY **

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Robert J. Smith
Commissioner



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August 14, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - APPOINTMENT SCHEDULED

You have been scheduled for an appointment on 9/18/01, at 11 AM
with:

WEST VIRGINIA PSYCHIATRIC & FORENSIC SER
400 DIVISION ST. SUITE 14
SOUTH CHARLESTON, WV 25309

Phone: 304-766-7366

The above named physician should provide the Division with a narrative report which outlines your medical history, diagnostic studies, physical examination, diagnosis, and prognosis. The following questions should be answered:

1. Has the claimant reached maximum medical improvement? (No additional surgical or medical intervention will change the claimant's condition.)
2. Is the claimant working? If so, in what capacity? If not, could the claimant return to a modified work assignment and with what restrictions?
3. What impairment rating is recommended, using the AMA Guide to the Evaluation of Permanent Impairment, Fourth Edition?

If the claimant has not reached maximum medical improvement, what additional diagnostic studies and/or treatment do you recommend and what benefit should be expected? (Review the WCD Treatment Guides for the diagnosis before making your recommendations.)

This exam was scheduled by the Division and all bills and related expenses should be sent to us.

*EXAM REQUESTED BY CLAIMS MANAGER, NENA PEAY.

Failure to keep this appointment may result in the closing of your claim for benefits.

If you have any questions or concerns, you may reach me at 800-628-4265.

CC: D & M TRUCKING CORPORATION INC
WEST VIRGINIA PSYCHIATRIC & FORENSIC SE
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Deborah Thorne
Independent Med Ex

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Workers' Compensation Division - Office of Claims Management

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auwh/01-01-96/*6

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Governor

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Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
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August 13, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION WITHHELD

The request from Madison Medical, dated mm/dd/yy, for Oxycontin 40mg is withheld pending detailed medical report showing medical necessity in relation to the compensable injury.

THIS REQUEST HAS NO DATE AND THERE IS NO PHYSICIAN NAME, NO MEDICAL REPORTS ON FILE, AND CLAIMANT IS BEING SEEN BY A PAIN MANAGEMENT SPECIALIST

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

RECEIVED AUG 14 2001

Done
DA
8/16/01

Workers' Compensation Division - Office of Claims Management
2500 2nd Street, N.E. • Charleston, WV 25302 • 304-556-2522 • <http://www.state.wv.us/wcr>

500688.015.0312

P. 1

* * * Transmission Result Report (MemoryTX) (Feb. 7. 1996 2:36AM) * * *

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1645 Memory TX	13049266092	P. 3	OK	

Reason for error
 E.1) Hang up or line fail
 E.3) No answer

m.2) Busy
 m.4) No facsimile connection

MADISON MEDICAL, P.L.L.C.
 705 MADISON AVENUE
 MADISON, WV 25130
 PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET

TO: Workers Comp attn ~~Paul~~ Nena Peary
 FROM: Delli / Dr. ~~for~~ ~~Stitts~~ John Snyder
 RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2 3

DATE: 8/9/01 - 8/16/01

ADDITIONAL COMMENTS: Rx Auth

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THANK YOU.

FAXED
 8/16/01
 JH

500688.015.0313

MADISON MEDICAL, P.L.L.C.
705 MADISON AVENUE
MADISON, WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET

TO: Workers Comp attn ^{Nena Pley} Paul Maynard
FROM: Delli / Dr. ~~Ron Stelling~~ John Snyder
RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2 3

DATE: 8/9/01 - 8/16/01

ADDITIONAL COMMENTS: Rx Auth

CONFIDENTIALLY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE: (304) 369-5170 TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US.

THANK YOU.

FAXED
8/9/01
AH
FAXED
8/16/01

500688.015.0314

MADISON MEDICAL, PLLC
705 MADISON AVENUE
MADISON, WV 25130
(304) 369-5170
FAX 304-369-1742

WV Worker's Compensation
P. O. Box 431
Charleston, WV 25322-0431

To Whom It May Concern:

Please authorize the purchase of the following medications for this patient for the treatment of his/her compensable injury.

Sincerely, *Delli*
8/9/01 - 8/16/01
Dr. John Snyder
Patient: Christopher Lester - 2000046841
SSN: [REDACTED] - 3340
DOI: 3-10-00
RX'S: Oxycontin 40mg i TID #90

For the treatment of: 847.0, 847.1, 847.2
959.01, 296.23

See O.V Note attached
Dated 8/8/01

FAXED
8/9/01
DN
FAXED
8/16/01

500688.015.0315

auth/1-4-01/*8

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1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
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- an equal opportunity/affirmative action employer*

August 2, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from KOMINSKY CHIROPRACTI dated 04/09/2001, is Approved.

authorization for medication management, psychotherapy sessions, and the medication Pamelor 25mg

Authorized Dates are 04/09/2001 through 10/09/2001.

Your authorization number is 300052066.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division - Office of Claims Management

500688.015.0316

RECEIVED AUG 03 2001
[Signature]

RECEIVED

P. 1

* * * Transmission Result Report (MemoryTX) (Jan.30. 1996 11:08PM) * * *

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1203 Memory TX	13049266092	P. 2	OK	

Reason for error
 E.1) Hang up or line fail
 E.3) No answer

E.2) Busy
 E.4) No facsimile connection

MADISON MEDICAL, P.L.L.C.
 705 MADISON AVENUE
 MADISON, WV 25130
 PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET

TO: Workers Comp attn Paul Maynard
 FROM: Delli / Dr. Ren Stelling
 RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: 2

DATE: 8/9/01

ADDITIONAL COMMENTS: Rx Auth

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THANK YOU.

500688.015.0317

Attending Physician's Report

Return Completed Form To:

Workers' Compensation Division
P.O. Box 3151, Charleston, West Virginia 25332

FOR DIVISION USE ONLY

Claims Manager Nena Peay
Trucking/Agr & Food Proc
Claimant's County BOONE

WC-219 Rev. 9-94

SECTION I: To be completed by the injured worker (FORM MAY BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED)

1. Claim No. 2000046841	SS No. 8340	2. Current Telephone No. 304-369-6657
Emp. Fisk No. 98001651	DOI 03/10/2000	
Claimant's Name and Address		Employer's Name and Address
CHRISTOPHER W LESTER SR P.O. BOX 1113 DANVILLE, WV 25053		D & M TRUCKING CORPORATION PO BOX 109 BOLT, WV 25817-0109

3. Please mark any needed changes in your address as printed above.

4. Have you performed any kind of work or have you received income for any work during the time you have been certified temporarily and totally disabled? ☐ Yes ☒ No5. I hereby certify that the statements and answers set forth above are true and correct to the best of my knowledge and belief. I am aware that the law provides for severe penalties if I knowingly and with fraudulent intent withhold a material fact or make a false statement in order to obtain or increase a benefit that I am not entitled to.
Claimant's Signature Christopher W. Lester Date 07-18-01

SECTION II: To be completed by the Attending Physician (PLEASE COMPLETE ALL QUESTIONS.) Attach Additional Pages if Necessary.

If claimant has reached maximum degree of medical improvement, please complete form WC-219a, NOTICE OF MAXIMUM MEDICAL IMPROVEMENT.

1. Date of this examination <u>6/27/01</u> Month Day Year	2. Date of next appointment <u>08/10/01</u> Month Day Year
3. A. Is this the first examination and/or treatment by you for this injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please advise as to how the claimant can under your care.	
B. Does claimant continue under your active care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain.	
C. Has the claimant been referred to another physician for any of the following? (Check appropriate box(es) and explain basis for your referral.) <input checked="" type="checkbox"/> Consultation <input checked="" type="checkbox"/> Evaluation <input checked="" type="checkbox"/> Treatment <u>Pain Management / Ortho Eval</u>	
4. Diagnosis (ICD9-CM) code and description <u>847.0 847.2</u> <u>847.1 959.01</u> <u>296.23</u>	5. Please describe your treatment plan and list medications currently being prescribed, their dosage and the refill limit. <u>continue = Pain Management</u> <u>+ oral meds</u>
6. Has normal or expected recovery been delayed due to complications, concurrent medical problems, pre-existing medical condition, subsequent trauma, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain condition and how it has affected recovery.	
7. Will claimant need rehabilitation services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify.	8. Is claimant temporarily and totally disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is disability due to compensable diagnosis or other causes? Please explain.
9. Please indicate the anticipated date claimant will be able to return to: Modified Work <u>7/12/01</u> Trial Return to Work <u>7/12/01</u> Full-time Work <u>7/12/01</u>	
10. If the claimant has reached maximum medical improvement, is there, or do you anticipate, any permanent impairment as a result of the compensable injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete form WC-219a, Notice of Maximum Medical Improvement.	
11. Physician's Name, Address & Telephone No. MADISON MEDICAL PLLC 705 MADISON AVENUE MADISON, WV 25130 Phone: 304-369-5170 FEIN 550664546	12. <u>[Signature]</u> Physician's Signature <u>7-26-01</u> Date <u>[Signature]</u> 7-26-01

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Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

July 16, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W. LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED] 3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - BENEFITS SUSPENDED

Information has been received from Saghir Mir, MD, dated 06/26/2001, which indicates you have reached maximum medical improvement from your injury.

The above named physician has recommended a permanent partial disability rating, and you will be awarded this at the end of this 30 day notice period.

You will receive non-awarded partial (NAP) benefits, paid at your permanent partial disability rate, until entry of your award. These NAP benefits will be deducted from your award.

Your temporary total disability benefits are suspended and may be closed in 30 days unless additional medical information is received, and is sufficient to continue these benefits.

After this 30 day notice period, you will be notified of a final decision.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
BY: Nena Peay
Claims Representative 3/Senior

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Workers' Compensation Division - Office of Claims Management

500688.015.0319

SAGHIR R. MIR, M.D., F.A.A.O.S.
ORTHOPAEDIC SURGERY
MONTGOMERY GENERAL HOSPITAL
MONTGOMERY, WEST VIRGINIA 25136

TELEPHONE (304) 442-5176
(304) 442-5151 EXT. 100

IME REPORT	
Claim #	2000046841
TRANSPORTATION	NENA PEAY
Team #	Claim Mgr.

June 26, 2001

Workers' Compensation Fund
PO Box 431
Charleston, WV 25322-0431

RE: LESTER, CHRISTOPHER W., SR.
DOB: [REDACTED] 71
SS#: [REDACTED] 3340
DOI: 03/10/2000
CLAIM#: 2000046841
EMPLOYER: D & M Trucking Corp., Inc.

Dear Sir/Madam:

This patient was evaluated by me on 06/25/01 at your request. His extensive records were reviewed. Some of his records from previous injuries for reference were reviewed. Detailed history was obtained, and a physical examination was carried out.

REVIEW OF RECORDS AND HISTORY: This patient sustained multiple injuries on 03/10/00 when he fell backwards when a hood of a truck knocked him down while checking his oil; he fell four to five feet. He hit another truck, hit his head and then landed on his left side injuring his rib cage and left shoulder. This patient stated he was knocked unconscious. He was dazed for 40 minutes. He was seen at Charleston Area Medical Center (CAMC) on the same day in the emergency room by Dr. David Bailey. He noted this patient had multiple injuries. He had complaints of pain in his neck, lumbar spine, left shoulder, left hip, pelvis and had several x-rays of those areas which were reported normal. I do not believe he had x-rays of his left knee or rib cage. For further follow up he was sent to Corporate Health. There were close to 37 pages of hospital records in his file. There were several x-ray reports which reported no fractures.

After this patient was discharged from the hospital he started follow up at Corporate Health. He was seen there by several doctors. Dr. Kwei and Dr. Marsha Bailey mainly saw him. He saw a couple of other residents. At the time of his follow up Dr. Kwei had consulted Dr. Sherry Apple on the phone. He saw Dr. Marsha Bailey on 03/14/00 and was noted to have multiple injuries after he fell six feet away from a truck. He was still having some nausea. He also complained of some drainage from his left ear. Mostly he

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REVIEW OF RECORDS AND HISTORY: Continued

had pain in his neck and left shoulder area. Neurologically he was essentially within normal limits. His physician called Dr. Apple regarding drainage from his ear and she recommended him to be seen by Dr. Phillips, an ENT specialist, to make sure he had no fractures of temporal bone. He was diagnosed having cerebral concussion. He was treated conservatively with medications.

On 03/15/00 he had already seen Dr. Phillips who had done audiogram. There was some hearing loss bilaterally which was not injury related. There was no evidence of fractures. He did not find any direct injury to ear or internal ear. There was no drainage noted.

He continued periodic follow up with Dr. Bailey. He complained of headaches and some chest pain. For his shoulder pain he had a MRI done. He was continued on medications and local heat. He saw Dr. Bailey on 03/22/00 and was continuing to have headaches, neck pain and left shoulder pain. It was interesting to note in the beginning most of his symptoms were concentrated around his neck and shoulder areas. Later on he complained of some symptoms in his lower back. On 03/21/00 he had a MRI of left shoulder which was reported negative. After his MRI he was started on physical therapy. He was managed with Flexeril, Ibuprofen and Darvocet-N.

He was seen by Dr. Bailey on 03/27/00. She noted his MRI of left shoulder to be normal. He still had tenderness in his neck and left scapular muscles with restriction of mobility. His neurological examination was normal. Physical therapy was started, which he received at Boone Memorial Hospital starting as of 04/03/00. He had some records of physical therapy from Boone Memorial Hospital.

During that time this patient requested to be transferred under the care of Dr. Snyder and such transfer was allowed by compensation. On 06/19/00 his physician noted physical therapy was not helping him and was causing increased symptoms so his physical therapy was stopped. As he was having significant symptoms in his left shoulder an orthopaedic consultation with Dr. Loimil was requested. Over the next few months he continued follow up with Dr. Snyder in the Madison area.

It was noted before he had been treated by Dr. Snyder for an injury to lower dorsal area with a possibility of a fracture of T11-T12 area. He received 10% impairment from that injury and missed three years from work.

The first time he saw Dr. Snyder was on 04/07/00. He was noted to mostly have pain in his neck, left scapula area and shoulder. He had stiffness in his neck and shoulder; Motrin, Flexeril and Vicodin were prescribed.

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REVIEW OF RECORDS AND HISTORY: Continued

On 04/10/00 compensation allowed his claim to be head injury, thoracic strain, lumbar strain and cervical strain. He saw Dr. Snyder on 04/26/00 and was still having symptoms at multiple areas. He complained of some symptoms in his left knee though there was no mention of left knee injury initially. There was still tenderness in his left rib cage area. Vicodin was recommended and compensation authorized that on 05/05/00. His physician requested additional physical therapy which was allowed by compensation on 06/06/00.

He was released for light duty work. On 04/18/00 his employer wrote a letter to compensation stating they did not have any light duty work. He continued to stay on compensation benefits. He was referred to rehab services on 04/02/00. He had an initial vocational evaluation through Vass Rehab Services on 05/05/00. He continued periodic follow up with Vass Rehab Services at monthly intervals over the next several months.

Over the next couple of months he continued to see Dr. Snyder. He saw him on 07/10/00 and was still having significant pain in his left shoulder area. Now, he was complaining of pain in his lower back along with headaches and neck pain. He had restriction of mobility at his spine and left shoulder though neurologically he was intact. On 07/17/00 and 07/31/00 he was seen by his physician and more or less he had the same symptoms. A consultation with Dr. Loimil was recommended.

I saw this patient at the request of WV Workers' Compensation on 08/02/00. At that time he was continuing to have symptoms so I recommended further treatment. I recommended MRIs on his neck and lower back as well as x-rays of his left shoulder. Also, EMG studies were recommended. I recommended him to be seen by Dr. Loimil regarding his left shoulder.

He continued to see Dr. Snyder. After compensation granted authorization he had cervical and lumbar MRIs which were done on 09/12/00 and was negative for any disc herniation. He had x-rays of his left shoulder and AC joint done on 08/30/00, which were reported normal. His x-rays of rib cage were also negative. On 10/02/00 he had NCS done by Dr. Pratt on his upper extremity, which were also negative.

He had a neurosurgical consultation with Dr. Amores on 10/06/00. He had neck pain with pain going into left arm. He had some limitation of Range of Motion (ROM) at his neck. Neurologically he was intact. Dr. Amores noted his MRI of cervical and lumbar spine to be negative. It was felt he had musculoskeletal strain involving his neck and lower back without neurological deficit. He should continue on conservative treatment.

He had an orthopaedic consultation done by Dr. Loimil on 08/17/00. He was noted to have restriction of mobility and pain in his left shoulder. Dr. Loimil noted he had a MRI

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REVIEW OF RECORDS AND HISTORY: Continued

of his left shoulder on 03/21/00. He recommended another MRI on his left shoulder. He indicated he will accept this patient for treatment. For some reason he never went back or saw Dr. Loimil again.

From his records it appears he may have had some additional physical therapy during August and September 2000. I reviewed several records of physical therapy. He continued to see Dr. Snyder at three to four weeks interval. Last time he brought his office notes when I evaluated him in August 2000 and those were reviewed by me. He had seen Dr. Snyder on 08/07/00, 09/26/00, 10/11/00 and 11/19/00. More or less his diagnoses and treatment was the same. He saw Dr. Snyder on 11/22/00 and still had neck and low back pain. He was waiting for the results of Dr. Loimil's consultation. Also Dr. Snyder, on 11/27/00, requested a pain clinic evaluation and management. Dr. Snyder also recommended a psychiatric consultation and follow up with Dr. Settle. His records indicate around about Thanksgiving he was hospitalized with some pain in his dorsal spine when he hit his back against some steps when his legs gave out.

On 12/12/00 he saw his physician again. He was already started on Oxycontin along with DepoMedrol. Prior to that, mostly, he was managed with Vicodin, Flexeril and Vioxx.

I reviewed several reports from Vass Rehab Services. After his initial report he had reports dated 06/28/00, 09/27/00, 12/06/00 and 01/18/01. At that time they closed his rehab claim until he improved. There were several other letters of extension of temporary benefits. On 04/03/01 compensation allowed an orthopaedic consultation. They also allowed his medications as well as additional physical therapy during that time.

On 12/22/00 he had an IME done by me at the request of WV Workers' Compensation. At that time he was continuing to stay symptomatic. I recommended additional follow up with Dr. Loimil. I also recommended a pain clinic consultation and follow up.

On 01/08/01 compensation closed his rehab. On 01/19/01 he was allowed a pain clinic consultation. On 01/10/01 they allowed him to have follow up with Dr. Loimil after his shoulder-MRI. On 11/29/00 he was allowed a second MRI on his shoulder at the request of his physician dated 10/17/00.

On 02/27/01 his physician noted him still having pain in his neck and lower back. He was complaining of some weakness in his right leg. He had some numbness and tingling on the medial side of left upper extremity. His shoulder was still having restriction of mobility. Neurologically he was intact. Dr. Snyder indicated he was suppose to see Dr. Saldanha at the pain clinic and he was also going to see Dr. Loimil.

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REVIEW OF RECORDS AND HISTORY: Continued

On 02/28/01 he saw Dr. Saldanha at the Pain Clinic. He was noted to have generalized neck and low back pain. Neurologically he was intact. Dr. Saldanha diagnosed him having lumbar arthropathy and cervical strain. He recommended facet joint injections for his lower back and trigger point injections for his neck area. As far as his left shoulder was concerned he recommended an orthopaedic follow up with Dr. Loimil. On 03/28/01 compensation allowed facet joint and trigger point injections.

On 03/02/01 compensation allowed a psychiatric consultation. This patient stated he could not see Dr. Settle so he was scheduled to see Dr. Riaz. Now, for three months or so he has been seeing him once a month. He has changed his medications which were being prescribed for his nerves by Dr. Snyder. He is also seeing a psychologist every two weeks.

On 03/28/01 he saw his physician again. It was noted previously he was referred to see Dr. Loimil but for some reason his physician requested his orthopaedic consultation be changed to Dr. Surface.

On 01/30/01 he had a repeat MRI of his left shoulder which reported no evidence of tear in the rotator cuff or any other acute pathology. Again, previously he had MRIs of his cervical and lumbar spine which were negative. His x-rays of AC joint with and without weights were also negative.

At present he is not seeing Dr. Loimil and has not seen Dr. Surface.

Today this patient told me he has been having injections at the Pain Clinic. The first set of facet joint injections was about one and half months ago. Then, he was seen by Dr. Saldanha and had trigger point injections. Last week he had another set of facet joint injections. Next week he is going to see Dr. Saldanha who is going to give him further trigger point injections. Those injections only helped him for a few days.

Besides going to the Pain Clinic and seeing Dr. Riaz he is seeing Dr. Snyder at three to four month intervals who is prescribing his pain medications. At home he uses heat or ice. His wife massages his neck and back.

There were several letters of correspondence in his file from WV Workers' Compensation. There were several letters of authorization for medications. There were some records regarding patient applying for Disability Social Security, which has been denied two times; he is still applying for it.

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REVIEW OF RECORDS AND HISTORY: Continued

Today this patient specifically told me that his previous injury which he received 10% was from his dorsal spine area and not from his lower back.

PRESENT COMPLAINTS AND FUNCTIONAL LIMITATIONS: He continues to have pain at cervicodorsal and left scapular areas all the time; it is an aching and burning type of pain. Intermittently the pain goes into his left arm. He has some numbness and tingling in left little and ring fingers. His neck stays stiff. He has generalized weakness in left upper extremity.

His left shoulder aches and hurts most of the time; it wakes him up at night time. He has restriction of mobility at left shoulder.

He has mild soreness in left rib cage area but no shortness of breath.

His lower back aches and hurts all the time. The pain from his lower back goes into both legs. He has numbness and tingling in his legs. Prolong sitting, standing, walking or riding in a car increases his back symptoms. Lying down does not help him. He stated since he started going to the Pain Clinic he has noted occasional dribbling. He is able to manage activities of daily living by himself.

He stated both of his knees give out. At the time of injury he complained of some symptoms in his left knee after several days.

He stated both of his ankles ache and hurt and was wondering if that was related to his present injury.

CURRENT MEDICATIONS: 1) Pamelor, Effexor and Zoloft prescribed by Dr. Riaz, 2) Flexeril and Oxycontin prescribed by Dr. Snyder.

SOCIAL HISTORY: This patient is married and his wife is employed. He has two children from his previous marriage and one from this marriage. His children ages are 2, 4 and 7 years old. The 7 year old child is with his mother and the 2 and 4 year old children is with him and his wife. He does not smoke cigarettes or drink alcohol. Two times he has been denied Disability Social Security.

WORK HISTORY: He has a high school education. He worked at a hardware store and then did some logging jobs. He also set mobile homes. He drove a truck for a while. At the time of injury he was driving for D & M Corporation.

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PAST HISTORY: A) OTHER WORK RELATED INJURIES OR ILLNESSES -

History of injury to lower dorsal spine with possible fracture of T11 or T12 area versus wedging. He missed work from 1994 to 1997 on account of that injury. He was treated under the care of Dr. Snyder. He received 10% impairment from that injury.

B) NON WORK RELATED INJURIES OR ILLNESSES - 1)

Auto accident in 1986-1987 with cerebral concussion and fracture collar bone; 2) No medical problems; 3) No surgical procedures.

PHYSICAL EXAMINATION: During his physical examination my office personnel, Candie was present in the examining room.

This patient is a 29 year-old-white male who was 65 inches tall and weighed 290 pounds. He was over-weight for his height. Today he was walking with a cane.

His ROM at neck is recorded on ROM Form. While checking his ROM he had some voluntary guarding. During history he was able to nod his head and move it freely. There was tenderness at cervicodorsal and left scapular areas. There was no true muscle spasm. Compression and distraction test caused some discomfort in his neck though Spurling sign was negative.

MEASUREMENTS

	<u>RIGHT UPPER EXTREMITY</u>	<u>LEFT UPPER EXTREMITY</u>	<u>COMMENTS</u>
Circumference of upper arm (10 cm above olecranon)	38.1 cm	37.2 cm	pt rt handed
Circumference of forearm (10 cm below olecranon)	34.0 cm	33.4 cm	

NEUROLOGICAL EXAMINATION

Reflexes - BJ, TJ & BRJ	1+	1+	
Muscle strength	5/5	5/5	all groups upper extremity muscle
Grip strength (Jamar apparatus @ Third notch)	0,20,5	20,10,0	poor effort noted

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PHYSICAL EXAMINATION: Continued

NEUROLOGICAL EXAMINATION

	<u>RIGHT UPPER EXTREMITY</u>	<u>LEFT UPPER EXTREMITY</u>	<u>COMMENTS</u>
Pulse	2+	2+	
Cranial nerves	Intact	Intact	

His sensory examination revealed somewhat diminished sensation in left fourth and fifth fingers.

Examination of his shoulder areas revealed no gross atrophy of shoulder muscles. He had tenderness over the anterior and superior aspect of left shoulder and slightly over left AC joint.

RANGE OF MOTION

<u>SHOULDERS</u>	<u>RIGHT</u>	<u>LEFT</u>
Forward flexion/extension	170°-0°-60°	100°-0°-50°
Abduction/Adduction	170°-0°-40°	90°-0°-35°
External/internal rotation		
Arm at 90° abduction	90°-0°-90°	90°-0°-75°

He had mild pain in left shoulder at extreme ROM. Impingement test was negative today. Apprehension test was negative.

His ROM at elbow, wrist and forearm is recorded on ROM Form and was identical and normal bilaterally.

Today he had no signs of thoracic outlet or carpal tunnel syndrome.

Examination of his rib cage area revealed chest sounds to be normal. He could breathe in and out without any problems. There was mild soreness in the anterior axillary line at the middle part of left rib cage. There was no history of shortness of breath. His gait was

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PHYSICAL EXAMINATION: Continued

normal though he walked with cane. He could squat 20%. He could stand on toes and heels though there was some difficulty encountered. His ROM at lumbar spine is recorded on ROM Form and was not valid. His neurological examination revealed give away type of weakness and non-dermatomal decreased sensation in both legs.

Examination of his knees revealed ROM to be 0°-0°-130°. There was no effusion in both knees. Collateral and cruciate ligaments were intact. McMurray, Lachman and pivot shift test were negative.

His ROM at ankle was dorsi/plantar flexion 15°-0°-40°. Inversion/eversion was 35°-0°-10° bilaterally. His ankle joints were stable. There was no swelling.

RADIOLOGICAL FINDINGS:

- 1) His x-rays of cervical spine, dorsal spine, lumbar spine, left hip, left ankle and pelvis were reported normal at the time of his injury. His MRI of left shoulder, done on 03/21/00 and later on 01/30/01, were reported normal.
- 2) His MRIs of cervical and lumbar spine, done on 09/12/00, were reported normal.
- 3) His x-rays of rib cage done on 08/30/00 was normal.
- 4) His x-rays of AC joint with and without weights done on 08/30/00 were reported normal.

DISCUSSION/CONCLUSION/RECOMMENDATIONS:

- 1) This patient has history of multiple injuries he sustained in a fall. He has been treated conservatively with medication and physical therapy. He is going through Pain Clinic injection which has not helped him much. His nerve conduction studies of upper extremities have been reported negative. All of his test including MRIs of neck, lower back and shoulder were reported normal.

Today on examination he had some limitation of ROM with voluntary guarding. His ROM at lumbar spine was not valid. He had some limitation of ROM at left shoulder. His neurological examination of upper and lower extremities were normal except for non-dermatomal decreased sensations in both legs and slightly diminished sensation in left little finger.

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DISCUSSION/CONCLUSION/RECOMMENDATIONS: Continued

DIAGNOSES: A) Cervicodorsal and left scapular strain with cervical root irritation
B) Lumbosacral strain
C) Sprain left shoulder and AC joint
D) Blunt trauma left rib cage
E) Sprain left knee
F) Cerebral concussion

2) He has reached maximum degree of medical improvement. He is not found to be totally disabled.

3) He may continue periodic follow up for symptomatic treatment with his attending physician.

4) If it is agreed upon and scheduled by his attending physician he could go through a Functional Capacity Evaluation. Vocational follow up is recommended. His prognosis seems to be poor as he has already applied for Disability Social Security.

5) Using AMA Guidelines, Fourth Edition, 1993, his impairment rating from neck and lower back is calculated on Spine Impairment Summary Form. His impairment rating from shoulder is calculated on Upper Extremity Form. For detailed calculations, reference figures and tables please refer to those forms.

I have used ROM Method to calculate his final impairment rating and it is as follows:

<u>AREA INVOLVED</u>	<u>% WHOLEMAN IMPAIRMENT</u>
a. Chronic cervicodorsal and left scapular strain	12%
b. Lumbosacral strain	5%
c. Sprain left shoulder and AC joint	5%
d. Injury left rib cage	0%
e. Sprain left knee	<u>0%</u>
(Using Combined Value Charts) Total	20%

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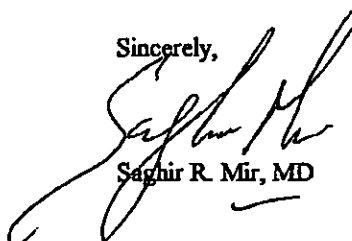
DISCUSSION/CONCLUSION/RECOMMENDATIONS: Continued

In summary, this patient has 20% wholeman impairment from multiple injuries he sustained on 03/10/2000. This impairment is non-progressive.

This impairment is in addition to the impairment he received from his claim #95-6803 while involved mostly his lower dorsal spine.

Thank you for sending this patient for evaluation. If you have any questions, please feel free to contact my office at any time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Saghir R. Mir', with a stylized flourish at the end.

Saghir R. Mir, MD

SRM/mm

Enclosure

PLEASE NOTE: The opinions rendered in this case are the opinions of this evaluator. Recommendations regarding work and impairment ratings are given totally independently of the requesting agents. This evaluation has been conducted on the basis of the medical examination and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service, report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination and documentation. Any recommendation on impairment is based on AMA Guidelines, Fourth Edition. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions to be made or enforced. Medicine is both an art and a science; and although a patient may appear to be fit to return to duty, there is no guarantee that the patient will not be re-injured or suffer additional injury once he/she returns. If further information is required, please contact me.

USE BLACK INK

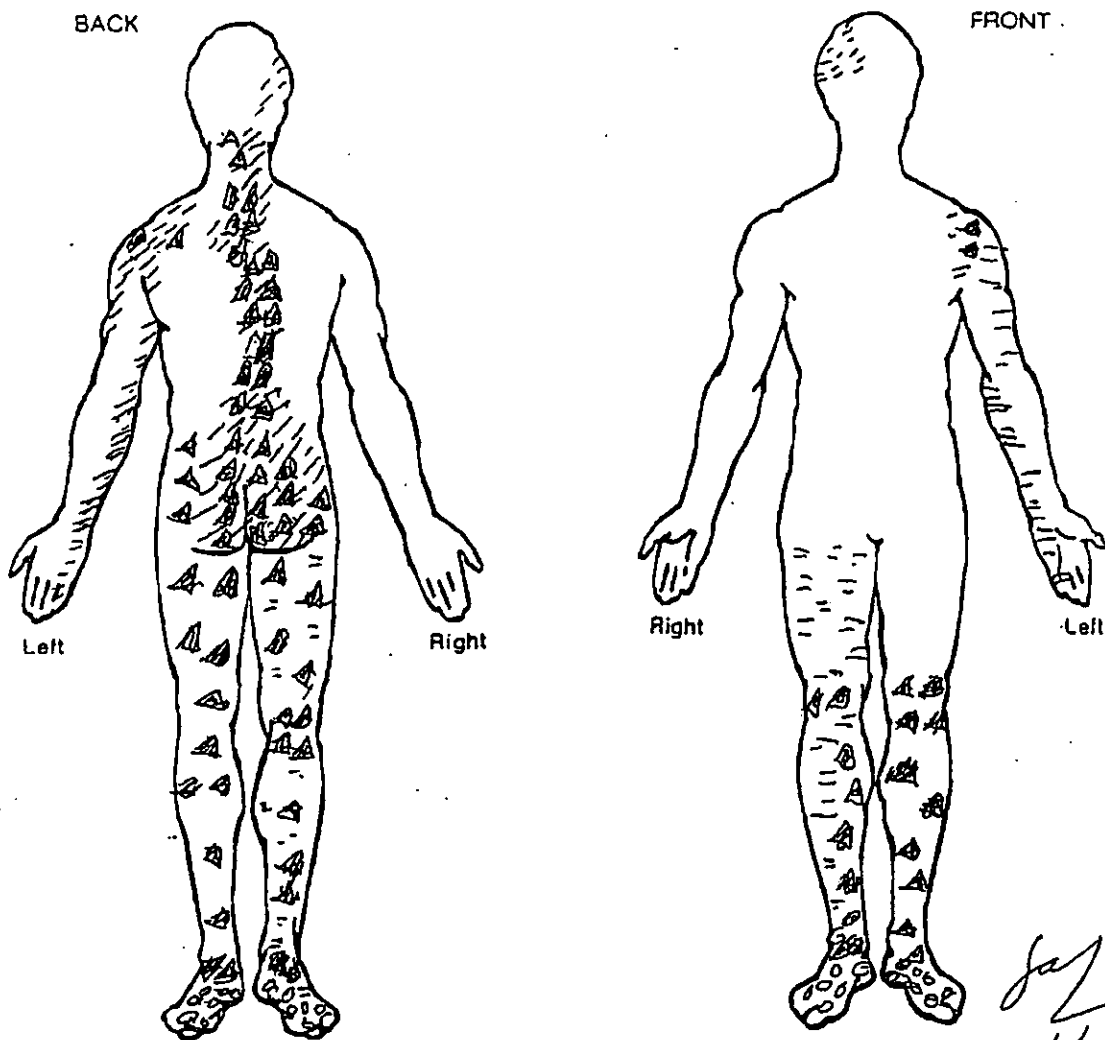
INSTRUCTIONS

2 of 8

Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. Draw in your face.

KEY CHRISTOPHER LESTER SS# [REDACTED] 3340 DOI -03-10-00 CLAIM #-2000046841 DOB [REDACTED] 71

/// Stabbing	X X X Burning	000 Pins and Needles	▲▲▲ Aching, Throbbing	= = = Numbness	• • • Other
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Signature

Chris Lester

Date

06-25-01

2000046841
2/10/2000

Figure 79. Lumbar Range of Motion (ROM)*
CHRISTOPHER W. LESTER, SR. DOB: [REDACTED] 71 SS#: [REDACTED] 3340 DOI: 03/10/00 CLAIM#: 2000046841

Name Christopher Lester Soc. Sec. No. [REDACTED] 3340 Date 6/25/01

Movement	Description	Range																														
Lumbar Flexion	T12 ROM Sacral ROM True lumbar flexion angle $\pm 10\%$ or 5° ? Maximum true lumbar flexion angle % Impairment	<table border="1"> <tr> <td>15</td> <td>16</td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>7</td> <td>7</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>2</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>7</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	15	16	10				3	7	7				7	2	3				Yes	No						7				
15	16	10																														
3	7	7																														
7	2	3																														
Yes	No																															
	7																															
Lumbar Extension	T12 ROM Sacral ROM True lumbar extension angle $\pm 10\%$ or 5° ? Maximum true lumbar extension angle % Impairment	<table border="1"> <tr> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>(Add sacral flexion and extension ROM and compare to tightest straight-leg-raising angle)</p>	0	0	0				0	0	0				0	0	0				Yes	No						0				
0	0	0																														
0	0	0																														
0	0	0																														
Yes	No																															
	0																															
Straight Leg Raising (SLR), Right	Right SLR $\pm 10\%$ or 5° ? Maximum SLR right	<table border="1"> <tr> <td>30</td> <td>30</td> <td>30</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>30</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)</p>	30	30	30				Yes	No						30																
30	30	30																														
Yes	No																															
	30																															
Straight Leg Raising, Left	Left SLR $\pm 10\%$ or 5° ? Maximum SLR Left	<table border="1"> <tr> <td>30</td> <td>30</td> <td>30</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>30</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)</p>	30	30	30				Yes	No						30																
30	30	30																														
Yes	No																															
	30																															
Lumbar Right Lateral Flexion	T12 ROM Sacral ROM Lumbar right lateral flexion angle $\pm 10\%$ or 5° ? Maximum lumbar right lateral flexion angle % Impairment	<table border="1"> <tr> <td>15</td> <td>15</td> <td>16</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>13</td> <td>15</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	15	15	16				2	2	2				12	13	15				Yes	No										
15	15	16																														
2	2	2																														
12	13	15																														
Yes	No																															
Lumbar Left Lateral Flexion	T12 ROM Sacral ROM Lumbar left lateral flexion angle $\pm 10\%$ or 5° ? Maximum lumbar left lateral flexion angle % Impairment	<table border="1"> <tr> <td>17</td> <td>16</td> <td>16</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>15</td> <td>15</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	17	16	16				2	2	2				15	15	15				Yes	No										
17	16	16																														
2	2	2																														
15	15	15																														
Yes	No																															
Lumbar Ankylosis in Lateral Flexion	Position % Impairment	(Excludes any impairment for abnormal flexion or extension motion)																														
Total lumbar range of motion and ankylosis* impairment _____ %		Rom not valid																														

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankylosis in several planes is present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

Did not meet SLR criteria

[Signature]

2000046841
3/10/2000

Figure 77. Cervical Range of Motion (ROM)*
CHRISTOPHER W. LESTER, SR. DOB: [REDACTED] 71 SS#: [REDACTED] 3340 DOI: 03/10/00 CLAIM#: 2000046841

Name Christopher Lester Soc. Sec. No. [REDACTED] 3340 Date 6/25/01

Movement	Description	Range
Cervical Flexion	Occipital ROM	37 36 36
	T1 ROM	2 2 2
	Cervical flexion angle ± 10% or 5°?	31 34 34
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical flexion angle % Impairment	35 1%
Cervical Extension	Occipital ROM	38 39 38
	T1 ROM	2 2 2
	Cervical extension angle ± 10% or 5°?	36 37 36
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical extension angle % Impairment	37 2%
Cervical Ankylosis in Flexion/Extension	Position % Impairment	(Excludes any impairment for abnormal flexion or extension motion)
Cervical Right Lateral Flexion	Occipital ROM	22 22 22
	T1 ROM	2 1 2
	Cervical right lat flexion angle ± 10% or 5°?	20 21 20
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical right lat flexion angle % Impairment	21 1%
Cervical Left Lateral Flexion	Occipital ROM	21 21 22
	T1 ROM	2 2 2
	Cervical left lat flexion angle ± 10% or 5°?	19 19 20
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical left lat flexion angle % Impairment	20 1%
Cervical Ankylosis in Lateral Flexion and Extension	Position % Impairment	(Excludes any impairment for abnormal lateral flexion or extension motion)
Cervical Right Rotation	Cervical right rotation angle ± 10% or 5°?	55 55 55
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical right rotation angle % Impairment	55 1%
Cervical Left Rotation	Cervical left rotation angle ± 10% or 5°?	53 53 55
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum cervical left rotation angle % Impairment	55 1%
Cervical Ankylosis in Rotation	Position % Impairment	(Excludes any impairment for abnormal rotation)
Total cervical range of motion and ankylosis* Impairment		7%

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankylosis in several planes are present, combine the estimates (Combined Values Chart), then combine the result with the range of motion impairment.

CHRISTOPHER W. LESTER, SR. DOB: [REDACTED] /71
 SS#: [REDACTED] 3340 DOI: 03/10/00
 CLAIM#: 2000046841

The Musculoskeletal System

3/17

Figure 1. Upper Extremity Impairment Evaluation Record-Part 2 (Wrist, elbow, and shoulder)

Side ☐ R ☒ LName Christopher Lester

Age _____

Sex ☐ M ☐ FDominant hand ☒ R ☐ LDate 6/25/99

Occupation _____

Diagnosis Spinal Cord Injury + Acg

Abnormal motion					Other disorders	Regional impairment %	Amputation
Record motion, ankylosis and impairment %					List type & impairment %	Combine (I) + (II)	Mark level & impairment %
Wrist	Flexion	Extension	Ankylosis	IMP%		0	
	Angle*	60	60				
	IMP%	0	0				
	RD	UD	Ankylosis	IMP%			
	Angle*	10	35				
	IMP%	0	0				
Add IMP% F/E + RD/UD = 0 (I)					IMP% = 0 (II)		
Elbow	Flexion	Extension	Ankylosis	IMP%		0	
	Angle*	140	0				
	IMP%	0	0				
	PRO	SUP	Ankylosis	IMP%			
	Angle*	20	80				
	IMP%	0	0				
Add IMP% F/E + PRO/SUP = 0 (I)					IMP% = 0 (II)		
Shoulder	Flexion	Extension	Ankylosis	IMP%		9	
	Angle*	100	50				
	IMP%	5	0				
	ADD	ABD	Ankylosis	IMP%			
	Angle*	35	90				
	IMP%	0	4				
Add IMP% F/E + ADD/ABD + IR/ER = 9 (I)					IMP% = 0 (II)		

I. Amputation impairment (other than digits)	0
II. Regional impairment of upper extremity (Combine hand 0% + wrist 0% + elbow 0% + shoulder 9%)	9
III. Peripheral nerve system impairment	0
IV. Peripheral vascular system impairment	0
V. Other disorders (not included in regional impairment)	0

Total upper extremity impairment (Combine I + II + III + IV + V)	9
Impairment of the whole person (Use Table 3 p. 20)	9 = 89% Whole person

If both limbs are involved, calculate the whole-person impairment for each on a separate chart and combine the percents (Combined Values Chart).

Signature

200 0046841
3/10/2000

Figure 8D. Spine Impairment Summary.

CHRISTOPHER W. LESTER, SR. DOB: [REDACTED] /71 SS#: [REDACTED]-3340 DOI: 03/10/00 CLAIM#: 2000046841

Name: Christopher Lester Soc. Sec. No. [REDACTED]-3340 Date: 6/25/01

Impairment	Cervical or Cervicothoracic		Thoracic or Thoracolumbar	Lumbar or Lumbosacral
1. Injury Model impairment	DA 5 Cerv 73, 74		DA 5 51	DA 5 51
2. Range of Motion Model impairment	Neck	Back		
a. Based on diagnosis (Table 54, pp. 85-86)	75-78	75-78	4 1	5 1
b. Based on range of motion	76, 77, 78	71, 72	7 1	0 1 (from
c. Neurologic system				Not
1. Loss of sensation				
2. Loss of strength	13, 3	93	1 1	0 1 valid
3. Regional impairment totals Combine impairments in each column using the Combined Values Chart (p. 322).			12 0	5 0
4. Total spine impairment (Combine regional impairments)				

83

auth/1-4-01/*8

* /ENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

July 11, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CHARLESTON PAIN MANA dated 07/10/2001, is Approved.

THIS IS A CONTINUATION OF PREVIOUS AUTHORIZATION NUMBER 300010775 FOR TWO FACET JOINT INJECTIONS AND TRIGGER POINT INJECTIONS

Authorized Dates are 07/10/2001 through 10/10/2001.

Your authorization number is 300044071.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision within 30 days from the date you receive this letter. You must send a written protest, along with a copy of this order, to the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233 and to the Supervisor, Claims Defense Litigation, P.O. Box 4317, Charleston, WV 25364-4317. Copies must also be sent to all other parties to the claim.

After the protest is filed, all parties may negotiate a final settlement of any and all issues in a claim, excluding medical benefits. To inquire about settling this claim, contact Workers' Compensation Internal Management Services, Settlement Unit, at P. O. Box 3587, Charleston, WV 25336-3587.

If you have any questions or concerns, you may reach me at 304-926-5194.

CC: D & M TRUCKING CORPORATION INC

Workers' Compensation Division
BY: Paul Maynard
Claims Representative 2

KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

RECEIVED JUL 12 2001

Workers' Compensation Division - Office of Claims Management
Post Office Box 431 Charleston West Virginia 25322-0431 • <http://www.state.wv.us/bep>

PH

500688.015.0336

extt/01-01-96/*6

** ENDOR COPY **

1024458

Bob Wise
Governor

Robert J. Smith
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
 - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

June 19, 2001

MADISON MEDICAL PLLC
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER SR
P.O. BOX 1113
DANVILLE, WV 25053

Re: Claim 2000046841
S.S.N. [REDACTED]-3340
D.O.I. 03/10/2000

PLEASE READ CAREFULLY - NOTICE OF BENEFITS

I have received medical evidence which indicates you continue to be disabled from working from 07/01/2000 through 08/02/2001.

If it is later determined you are not entitled to benefits or expenses, the Division may recover these overpayments.

If medical evidence showing continued disability is not received, your claim may close for temporary total disability benefits on 09/16/2001.

If you have any questions or concerns, you may reach me at 304-926-5097.

CC: D & M TRUCKING CORPORATION INC
KOZAK JOHN H
RIAZ RIAZ UDDIN MD
VASS VOCATIONAL SERVICES

Workers' Compensation Division
By: Nena Peay
Claims Representative 3/Senior

RECEIVED JUN 20 2001

Workers' Compensation Division - Office of Claims Management
Post Office Box 421 Charleston West Virginia 25302-0421 • <http://www.state.wv.us/beo>

500688.015.0337

ORTHOCLINIC
DAVID L. SOULSBY, M. D.
PHILLIP D. SURFACE, D. O.
624 Chestnut Street
So. Charleston, WV 25309
(304) 766-7515

OFFICE RECORD

Name: Lester, Christopher
ID No: 15219

05/21/01: Chief complaint, back, neck and shoulder pain.

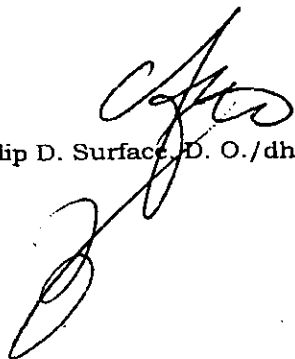
IMPRESSION:

1. Lumbosacral sprain/strain syndrome.
2. Significant symptom magnification as evidenced by differential straight leg raising, axial compression testing and significant cogwheeling with motor muscle strength testing.
3. Obesity.

PLAN:

1. I think this patient needs to get off of Oxycontin. He is taking 40 mg of Oxycontin 3 X's a day which to me is an enormous amount of Oxycontin. He is also on Flexeril, Ativan, Pamelor and Paxil. I think this gentleman's MRI and physical examination do not show any significant pathology and I think the first step would be to get him off this medication.
2. I agree that pain management techniques such as injections, therapy and so forth is a good idea for him. Apparently he already has an appointment with Dr. Saldanha.
3. He needs to switch to nonsteroidal anti inflammatory agents.
4. Continue PT.
5. I think that if he is not currently in Psychiatric/Psychological treatment he certainly needs to be considered for this for the amount of symptom magnification that he has.

DISCUSSION: This gentleman presents here for a 1 time evaluation. I completed a thorough history and physical examination on the Standard W/C back form. Suffice it to say this gentleman has normal radiographic studies and he has significant cogwheeling and no significant findings are noted on his physical examination.


Phillip D. Surface, D. O./dh

c: John "Mark" Snyder, D. O.
705 Madison Avenue
Madison, WV 25130

RECEIVED JUN 08 2001



500688.015.0338

Rev. 1-98

**WORKERS COMPENSATION DIVISION
LOW BACK EXAMINATION**

USE BLACK INK

To Be Completed by the Physician

Page 1

Patient Name: Christopher Lee	Physician: SURFACE
SSN: [REDACTED] 3340	Address: _____
Date of Injury: 03/11/01	_____
Date of Birth: [REDACTED] 71	Phone: _____
Claim Number _____	FEIN: _____
Date of Exam: 03/21/01	
HT. _____	
WT. _____	
Pulse _____	
BP _____	
Resp. _____	

PLEASE CHECK ONE OR MORE:

- ☐ CLAIM REOPENING ☐ IMPAIRMENT RATING ☐ 120-DAY EXAMINATION
☐ CONSULTATION ☐ INDEPENDENT EXAMINATION ☐ COMPREHENSIVE EXAMINATION

1 INSPECTION (standing)

- | | YES | NO |
|-------------------------------|-------------------------------------|-------------------------------------|
| 1.1 Patient stands unassisted | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 Scoliosis | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.3 Antalgic gait (Asymmetry) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.4 Lumbar hypolordosis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.5 Lumbar hyperlordosis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other observations

2. PALPATION (standing, seated, or prone)

- | | | | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|--|-----------------------------|-----------------------------|--|
| | YES | NO | | | | | | |
| 2.1 Vertebral tenderness/restriction | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> L1 | <input checked="" type="checkbox"/> L2 | <input type="checkbox"/> L3 | <input type="checkbox"/> L4 | <input checked="" type="checkbox"/> L5 |
| 2.2 Coccyx tenderness (external palpation) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 2.3 Sacral base & pelvis level (Standing) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | LEFT | | RIGHT | | | | | |
| | YES | NO | YES | NO | | | | |
| 2.4 Paraspinal muscle tenderness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| 2.5 Paraspinal muscle spasm | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 2.6 Sacroiliac joint tenderness | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |

3 GAIT

- 3.1 Limp ☐ Yes ☐ No ☐ Left ☒ Right Explain: _____
 3.2 Assistive devices (cane, brace, prosthesis) Cane
 3.3 Other observations _____

4 SQUAT

- 4.1 Squats fully and rises without difficulty ☐ Yes ☒ No
Comments _____

5. RANGE OF MOTION(standing)*

- | RANGE OF MOTION (standing) * | | WNL | PAIN | RESTRICTION |
|--|-------------|--------------------------|-------------------------------------|--------------------------|
| 5.1 Forward bending (Flexion) | <u>25</u> ° | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.2 Backward bending (Extension) | <u>10</u> ° | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.3 Left side bending | <u>20</u> ° | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.4 Right side bending | <u>10</u> ° | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.5 Comments | | | | |
| 5.6 Inclinator <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Inclinometer required for impairment examinations) | | | | |

*** NOTE: Subtract sacral motions from T12 motions (pp. 3/126-129 AMA Guides, 4th ed.)**

RANGE OF MOTION CERTIFICATION

Thoracolumbar motion testing is valid if the following four criteria are achieved. Please certify the status of the examinee on each of these four criteria:

- The back injury is now stable. ☐ Yes ☐ No
- The motions were not curtailed due to a report of pain, fear of injury, or neuromuscular inhibition. ☐ Yes ☐ No
- Three consecutive measurements of each motion were within 5° (within 10° if the three averaged 50° or more.). ☐ Yes ☐ No
- Examinee passed validity test. ☐ Yes ☐ No

Physician's Signature _____

Source: AMA Guides to the Evaluation of Permanent Impairment, pp. 112 & 127.